

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND SYSTEM FOR OBTAINING PAYMENT FOR HEALTHCARE SERVICES USING A HEALTHCARE NOTE SERVICER
Attorney Docket Number::	HO-P02782US0
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Victor
Middle Name::	C.
Family Name::	York
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	3500 S. Gessner Road Suite 205
City of mailing address::	Houston
State or Province of mailing address::	TX
Postal or Zip Code of mailing address::	77063

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Lawrence
Family Name:: York
State or Province of mailing address:: Kentucky
Country of Residence:: US
Street of mailing address:: 3736 Wembley Lane
City of mailing address:: Lexington
State or Province of mailing address:: Kentucky
Postal or Zip Code of mailing address:: 40509

Correspondence Information

Correspondence Customer Number:: 26271

Representative Information

Representative Customer Number:: 26271